

Jan 23 1997 8:00am
Secretary of State



1. Corporation Name
PALM DISCOUNT TRANSMISSION SHOP, INC.

Principal Place of Business	Mailing Address
715-1 WHITNEY AVE. LANTANA FL 33462	715-1 WHITNEY AVE. LANTANA FL 33462-1646

4. FEI Number 59-2818028	Applied For
	Not Applicable

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	City & State	27	City & State
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23	28
Zip	Country Zip

24 25 29

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEATLEY, GARY
6143 CARTHAGE CIRCLE N.
LAKE WORTH FL 33463

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE COARY WHEATLEY
 Surname typed in printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE 11/11/1112. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	WHEATLEY, GARY	
STREET ADDRESS	8122 ROSEMARIE CIRCLE	
CITY - ST - ZIP	BOYNTON BCH, FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHEATLEY, GARY	
STREET ADDRESS	6143 CARTHAGE CIRCLE N.	
CITY-STATE-ZIP	LAKE WORTH FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CUSTOMER INFORMATION	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY ST ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		

12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST. - ZIP

21	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22	NAME		
23	STREET ADDRESS		
24	CITY, ST, ZIP		

2.4 UNIT NUMBER		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP			

3.4. CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

4.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP			

5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

flat

Do you agree?

CR2E034 (9/96)